MAXIMUS Federal Services

Case Number:	CM14-0214094		
Date Assigned:	02/10/2015	Date of Injury:	08/27/2009
Decision Date:	03/31/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 8/27/09. The injured worker has complaints of pain, numbness and tingling in her knees. The diagnoses have included cervical spine disc disease; cervical spine radiculopathy; cervical spine facet arthropathy; bilateral knees status post arthroscopic surgery; lumbar spinal radiculopathy and anxiety. Urine toxicology report on 10/14/13 did not detect codeine or morphine. Magnetic Resonance Imaging (MRI) of the left knee 8/3/14 impression noted small Subchondral cysts noted in patella; small knee joint effusion and marrow reconversion in distal femur. Magnetic Resonance Imaging (MRI) of right knee 8/3/14 impression noted small Subchondral cysts noted in patella; small knee joint effusion and marrow reconversion and distal femur. According to the utilization review performed on 11/25/14, the requested Follow up 4 weeks has been certified and the requested Prilosec and Urine toxicology test has been non-certified. CA MTUS: Chronic Pain Medical Treatment Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), drug testing, Opioids, Official Disability Guidelines: Pain Chapter, proton pump inhibitors were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. This patient is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Nexium has not been established. The requested medication is not medically necessary.

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The test is used to incorporate the results in the patient's treatment plan and continue his present medication regimen. There is no specific indication for the requested urine toxicology test. Per the documentation the claimant has had no history of misuse or aberrant behavior regarding his medical regimen. Medical necessity for the requested item has not been established. The requested item is not medically necessary.